



**JOSEPH**  
Maintenance Services

10150 Route 259 Highway – Blairsville, Pennsylvania 15717  
Phone 724-676-5011 Fax 724-676-5012

# Employment Application

Today's Date: \_\_\_\_\_

## Personal Information:

_____ Last Name	_____ First Name & Middle Initial
_____ Street Address	_____ City, State & Zip
_____ Number of years at this address?	_____ Marital Status
_____ Home Telephone (____) ____ - ____	_____ Cell Phone (____) ____ - ____
_____ Social Security Number ____ - ____ - ____	_____ Birth Date _____
_____ Do you have a valid PA Drivers License? Yes or No	_____ Do you have a valid PA Commercial Drivers License? Yes or No
_____ Are you available to work weekends? Yes or No	_____ Are you willing to work overtime? Yes or No
_____ Do you currently pay child support? Yes or No	_____ If Yes, is it garnished from your wages? Yes or No

## Employment Information:

_____ Name of most recent employer	_____ Address
_____ Phone Number	_____ Dates worked for this employer
_____ Do you still work for this employer? Yes or No	_____ If NO, why? _____
_____ May we contact them for a reference? Yes or No	
_____ Name of previous employer	_____ Address
_____ Phone Number	_____ Dates worked for this employer
_____ Reason you are no longer employed _____	
_____ May we contact them for a reference? Yes or No	

## Emergency Information:

\_\_\_\_\_  
Name of relative/acquaintance to be contacted in case of emergency:

\_\_\_\_\_  
Telephone number where they can be reached (\_\_\_\_) \_\_\_\_ - \_\_\_\_      Alternate number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Office Use:

Starting Wage \$ \_\_\_\_.

Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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# Employment Application

## WORK REFERENCES

Please provide us with **previous employers** that we may contact for a work reference.

PLEASE NOTE: These are WORK REFERENCES, so please list employers or co-workers that can vouch for your working ability. If you are currently employed and your boss is not aware that you are job searching, please do not list your current employer **because we may contact them**. Please provide us with at least two names that we may contact.

### CONTACT #1

_____	_____
CONTACT NAME	TITLE (Owner, Shift Supervisor, Co-Worker)
_____	_____
COMPANY NAME	COMPANY PHONE NUMBER
_____	
COMPANY STREET ADDRESS, CITY & ZIP	

WHEN DID YOU WORK WITH THIS INDIVIDUAL? From \_\_\_\_\_ to \_\_\_\_\_

ARE YOU STILL EMPLOYED BY THIS COMPANY/INDIVIDUAL? \_\_\_\_\_

IF YES, MAY WE CONTACT THEM? \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

I give Joseph Maintenance Services permission to contact the above individual/company in regard to my working ability and experiences.

\_\_\_\_\_  
Signature Date

Office Use:

Starting Wage \$ \_\_\_\_\_

Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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### CONTACT #2

CONTACT NAME \_\_\_\_\_ TITLE (Owner, Shift Supervisor, Co-Worker) \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ COMPANY PHONE NUMBER \_\_\_\_\_

COMPANY STREET ADDRESS, CITY & ZIP \_\_\_\_\_

WHEN DID YOU WORK WITH THIS INDIVIDUAL? From \_\_\_\_\_ to \_\_\_\_\_

ARE YOU STILL EMPLOYED BY THIS COMPANY/INDIVIDUAL? \_\_\_\_\_

IF YES, MAY WE CONTACT THEM? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use:

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Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_